# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005926

STATE FILE NUMBER

Registration District No. 116  Primary Registration District No. 5433  Registrar's No. 57

FILED MAR 11 1963

**1. PLACE OF DEATH**
a. COUNTY FRANKLIN
b. CITY OR TOWN UNION  (If outside corporate limits, give TOWNSHIP only)
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) R.R. # 2
Inside Limits Yes ☐ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE MO.  b. COUNTY FRANKLIN
c. CITY OR TOWN UNION  Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.R. # 2
Reside on Farm Yes ☒ No ☐

**3. NAME OF DECEASED** (Type or print)
First JULIUS  Middle C.  Last FUGGER

**4. DATE OF DEATH** Month MARCH  Day 6  Year 1963

**5. SEX** MALE
**6. COLOR OR RACE** WHITE
**7.** Married ☒  Never Married ☐  Widowed ☐  Divorced ☐
**8. DATE OF BIRTH** MAR. 15, 1886
**9. AGE** (last birthday) 76
IF UNDER 1 YEAR Months 11 Days 21
IF UNDER 24 HR Hours  Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) PRINTING
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (City and state or country) HERMANN, MO.
**12. CITIZEN OF WHAT COUNTRY** U.S.A.

**13a. FATHER'S NAME** CHARLES FUGGER
**13b. MOTHER'S MAIDEN NAME** CORNELIA CHRISTEL
**14. NAME OF HUSBAND OR WIFE** ROXANNA FUGGER

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) NO
**16. SOCIAL SECURITY NO.** ...97
**17. INFORMANT** MRS. ROXANNA FUGGER  Address R.R. # 2 UNION, MO.

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Congestive heart failure — 3 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardiovascular disease — 25 yrs.
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Emphysema, asthma, angina, adrenal insufficiency, hypertension

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes  ☐ No  ☐ Unknown

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☐
**20a.** ACCIDENT ☐  SUICIDE ☐  HOMICIDE ☐
**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)
**20c. TIME OF INJURY** Hour a.m. p.m.  Month, Day, Year
**20d. INJURY OCCURRED** WHILE AT WORK ☐  NOT WHILE AT WORK ☒
**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**20f. CITY, TOWN, OR LOCATION**  COUNTY  STATE

**21. I attended the deceased from** Nov 1958 **to** March 1963 **and last saw him alive on** 1 March 63
Death occurred at 8:20 p m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** Geo. C. Richardson, M.D.  (Degree or title)
**22b. ADDRESS** Medical Arts Clinic, Union, Mo.
**22c. DATE SIGNED** 8 March 63

**23a. BURIAL, CREMATION, REMOVAL** (Specify) CREMATION
**23b. DATE** MAR. 9, 1963
**23c. NAME OF CEMETERY OR CREMATORY** VALHALLA
**23d. LOCATION** (City, town, or county) ST. LOUIS MO.

**24. FUNERAL DIRECTOR** ADDRESS OLTMANN FUNERAL HOME UNION, MO.
**25. DATE RECD. BY LOCAL REG.** 3/8/63
**26. REGISTRAR'S SIGNATURE** Leola C. Friedmann

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____     Signed _Ralph Oltmann_____
          Signature of Student Embalmer

                                        Licensed Embalmer No. _4808_____

                                        P. O. Address _Union, Mo._.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.